



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE

Calendar Year \_\_\_\_\_

[www.state.tn.us/commerce/boards/funeral](http://www.state.tn.us/commerce/boards/funeral)

**TRUSTEE'S  
PRENEED FUNERAL FUNDS REPORT  
ON IRREVOCABLE and REVOCABLE COMBINED TRUSTS**

As mandated by Rule 0780-5-10-.07, this report is due no later than March 15<sup>th</sup> of each year and must be filed with Burial Services, 500 James Robertson Parkway, Second Floor, Nashville, TN 37243-1145, Phone (615) 741-5062. Forms with incomplete data will not be accepted but returned to the trustee for completion.

A. Name and location of funeral establishment from which funds were received in trust under agreement:

_____ (Name)		_____ (Mailing Address)	
_____ (City)	_____ (State)	_____ (Zip Code)	_____ (Area Code and Phone Number)

B. Name and address of trustee submitting this report:

_____ (Name)		_____ (Mailing Address)	
_____ (City)	_____ (State)	_____ (Zip Code)	_____ (Area Code and Phone Number)

C. Date of trust agreement: \_\_\_\_\_  
(If a consolidated report is not practical, make a separate report for each trust agreement.)

D. Statement of Changes in Trust(s) Balance (consolidated if more than one trust agreement)

1. <b>Beginning Balance</b>	1. \$ _____
2. Received this year in trust	2. \$ _____
(a) Received from establishment	\$ _____
(b) Received from purchasers in payments	\$ _____
3. Earnings realized this year (interest, dividends, capital gains/losses)	3. \$ _____
4. Aggregate distribution	4. \$ _____
(a) Principal	\$ _____
(b) Taxes	\$ _____
(c) Fees	\$ _____
(d) Refunds	\$ _____
5. <b>Ending Balance</b> (sum of D1+D2+D3-D4=D5) (principal and accumulated earnings)	5. \$ _____

(Note: Complete Investment and Certification Sections on Next Page)

(Show aggregate amount in each type of investment.)

Depository (Bank, Trust Company, Etc.)	Investment	Amount
Example: First Bank Example: State Trust Company	Certificates of Deposit U.S. Treasury Bills	\$ 000,000 \$ 000,000
<b>Total Funds in Trust</b> (should equal line 5)		\$ _____

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Title) (Trustee)  
serving as trustee of the preneed funeral fund(s) above named and described, being first duly sworn, do hereby state that all information contained in this annual report and all related schedules, is true to the best of my knowledge and belief.

Name of Trustee (Bank, Company, Etc.)

Signature and Title

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_